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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/552,949																														
		Filing Date	July 27, 2006																														
		First Named Inventor	OMARY, M. BISHR																														
		Group Art Unit	1634																														
		Examiner Name	Not yet assigned																														
Total Number of Pages in This Submission		Attorney Docket Number	STAN-297																														
<b>ENCLOSURES (check all that apply)</b>																																	
<table border="1"><tr><td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input checked="" type="checkbox"/> USPTO Form SB08A</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input checked="" type="checkbox"/> 1 cited reference</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Return postcard</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Documents</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td><input type="checkbox"/> CD, Number of CD(s)</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td colspan="2">Remarks</td></tr></table>				<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> USPTO Form SB08A	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input checked="" type="checkbox"/> 1 cited reference	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return postcard	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>																																	
Signing Attorney/Agent (Reg. No.)	PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP																																
Signature																																	
Date	March 14, 2007																																

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SUPPLEMENTAL  
INFORMATION  
DISCLOSURE STATEMENT**

Address to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Docket	STAN-297
First Named Inventor	OMARY, M. BISHR
Application Number	10/552,949
Confirmation No.	1285
Filing Date	July 27, 2006
Group Art Unit	1634
Examiner Name	Not yet assigned
Title:	"KERATIN 8 AND 18 MUTATIONS ARE RISK FACTORS FOR DEVELOPING LIVER DISEASE OF MULTIPLE ETIOLOGIES"

Dear Examiner:

This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-SB/08A listing the reference and a copy of the cited reference accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Supplemental Information Disclosure Statement under 37 C.F.R. §1.97 is not to be construed as a representation that: (i) a search has been made, (ii) additional information material to the examination of this application does not exist, (iii) the information, protocols, results and the like reported by third parties are accurate or enabling or (iv) any one of the above references constitutes prior art to the present application.

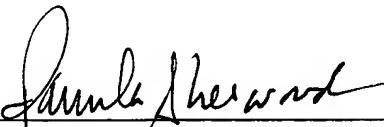
As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. However, if it is determined that fees are required in connection with the filing of this document, the Commissioner is hereby authorized to charge any necessary fees, or alternatively, credit any overpayment to our Deposit Account No. 50-0815, Order No. STAN-297.

Respectfully submitted,

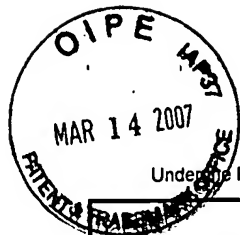
BOZICEVIC, FIELD & FRANCIS LLP

Date: March 14, 2007

By: \_\_\_\_\_

  
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Registration No. 36,677

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<b>SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	10/552,949		
		Filing Date	July 27, 2006		
		First Named Inventor	OMARY, M. BISHR		
		Art Unit	1634		
Examiner Name	Not yet assigned				
Sheet	1	of	1	Attorney Docket Number	STAN-297

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		STRNAD, P., et al., "Keratin variants associate with progression of fibrosis during chronic Hepatitis C infection," (2006) <i>The American Association for the Study of Liver Disease</i> , published online in Wiley InterScience ( <a href="http://www.interscience.wiley.com">www.interscience.wiley.com</a> )	

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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